

RELATIVE OR FRIEND UNDER IDOC JURISDICTION AGREEMENT

Date:

To: IDOC HUMAN RESOURCE SERVICES w/ Background Form

From:

RE: CONDITION OF EMPLOYMENT – Relative or Close Friend in System

List of individual(s) under IDOC jurisdictions that are related or are close associates or friends.

I understand that there could be significant safety and security concerns while working in a prison institution, probation office, Community Work Center, or even at the Central Office where I would have close friends or any of my relatives who are currently under the supervision of the Department. As a condition of my continued employment with the Department, I agree not to initiate any type of contact with my friend(s) or relative(s) without written and specific approval. If this individual(s) contacts me by any means, I will decline to dialogue and will report this to my Warden or manager immediately.

To maintain my viability as a correctional employee, I understand that I will need to keep my relationship strictly professional with current inmates and released inmates and not compromise or appear to compromise my position and credibility while employed with the Department. If, during my career, any new relative or close friend that is committed to the Departments jurisdiction, I am required to report this situation to my superiors.

Should, for any reason, my friend or relative be transferred to the institution where I am currently employed, or if I transfer to another work location where they are located, I will immediately report this to my superiors or designee. I understand that this presents a new security situation that must be resolved to the Department's satisfaction.

Employee Name (Print)

Employee Signature

Date

IDOC Authority Signature

Institution or Work Unit

Date